

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2022	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 2500.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.43737
Purpose of Expenditure Mileage (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MASTERS, BLAKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		1172342.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2022	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 2500.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.43738
Purpose of Expenditure Mileage (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KELLY, MARK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		1174842.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2022

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 37500.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43739 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MASTERS, BLAKE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 37500.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43740 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	80000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2022

Signature